

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10666305	FILING DATE			
							APPLICANT(S)				
16-10-66 CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1		1								
2		1		1							
3		1		1							
4		3		1							
5		3		1							
6		0		1							
7		0		1							
8		0		1							
9		0		3							
10	1			3							
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14		4		1							
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TOTAL IND.	3		4				TOTAL IND.				
TOTAL DEP.	24		24				TOTAL DEP.				
TOTAL CLAIMS	27		28				TOTAL CLAIMS				